

<b>Case Number:</b>	CM15-0002506		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69-year-old female who sustained an industrial injury on July 19, 2011. She has reported pain to the left shoulder and both wrists and has been diagnosed with left rotator cuff impingement and AC joint arthrosis. Treatment to date has included bilateral wrist surgeries, H-wave and TENS unit without success, medical imaging, medications, and injection with relief. Currently the injured worker has developed left shoulder pain radiating from the shoulder to the elbow. The treatment plan included physical therapy, naprosyn, ice, and follow up. On December 22, 2014 Utilization Review non-certified Naproxen 550 mg # 60 noting the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.  
Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** MTUS recommends NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states, recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The treating physician stated that he was prescribing Naproxen as an anti-inflammatory. However, the patient has been on Naproxen for several months and guidelines recommend the shortest duration. In addition, there is no documentation of lab testing to monitor hepatorenal function. As such, the request for Naproxen 550 mg #60 is not medically necessary.